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ABSTRACT

Two views are presented regarding serving student needs without increasing special education in River Forest, Illinois public schools. A demographic description of the community and school district, school district philosophy regarding the roles of general and special education, and special educational financing undergird the first discussion. Preventive intervention techniques such as the district's collaborative pre-referral process and the use of the teacher/consultant model have effectively reduced special educational referrals and placement by 50 percent, the number of special education teachers by 45 percent, and the cost per special education child according to Wayne Bucholtz, a River Forest administrator. Second, Betty Pruitt, a special education expert, describes the district's pre-referral process. Designed as a support system to help teachers handle day-to-day learning and behavior problems in the classroom, the pre-referral process relies on team problem solving among teachers, administrators, and parents. (JAM)

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SPECIAL EDUCATION OR NOT

Wayne W. Buchholz

Good Morning! Our topic is organizing a pre-referral process or serving student needs without special education.

It would be helpful to know how many of you are board of education members?, superintendents?, special education directors or coordinators?, teachers? Also, how many of you are from the West Coast?, the Midwest?, or the Eastern part of the country?

I am not a special education expert; Betty Pruitt, who has had considerable experience in the area of special education and was instrumental, along with Allan Maier, Assistant Superintendent, in developing this pre-referral process, will review it with you a little later in detail. This morning my purposes are to briefly describe the community and school district, give you some of the project's history, a bit of the philosophy of the district regarding regular education and special education, and describe to you about how this process has reduced our special education cost. At the same time, I want to point out that this model has improved our services to all children. Furthermore, I feel we are doing a much better job of providing services through this model to young children with special needs.

COMMUNITY

At this time I would like to take a few minutes to briefly describe the community in which this program was developed. River Forest is a relatively high socio/economic community with the the vast majority of the citizens being doctors, lawyers, dentists, and businessmen. It is an older village or suburb with many estate-type homes, as well as architecturally significant, historic landmark homes. River Forest draws residents who have researched the community and particularly the schools. The children generally achieve between the 75th and 85th percentile on the average and the community has high expectations for its schools and, of course, the children that attend the public schools. For over forty years a four-year-old kindergarten has been an integral part of the River Forest Schools. Our expenditures during the past several years per child have risen rapidly and as of June 30, 1985, approximate $5300 per student. I should add that one of the things that prompted our referral process changes was the rapid increase in the cost of educating a child, largely attributed to special education

THE PROBLEM

We have a problem, both in the State of Illinois and elsewhere in schools throughout the nation. In creasingly large numbers of students are being identified as needing special education and declared eligible for services under

the special ed umbrella. For example, from an estimated 2% of the school population who may have specific learning disabilities many districts have declared 20% or even more of their students to be learning disabled. Districts are also distinguishing between mild and severe degrees of disability - a difference which was not a part of the original description of the condition. And, the greatest number of new recruits are placed in the so-called mild category. An epidemic seems to have hit.

It is not unusual when a student presents a fairly unique problem that the initial thought is "Ah, that student has a problem and should be in special education". We tend to react this way because of the current popularity of the term special education. For example, the term learning disabilities has become relatively acceptable to parents, boards of education, and community leaders as a label. In fact, programs for learning disabled students have become so popular in the higher socio/economic communities that someone has commented that if one analyzed where most of the LD programs are located, one could conclude that it is a upper socio/economic handicapping condition. But of course, learning disabled students and special ed students can be found in any socio/economic environment. We know that many students who are currently enrolled in programs for learning disabilities have serious intellectual problems or social behavior problems which account for their school difficulties. Quite outside the definition of specific learning disabilities which rule out such causes as low intelligence, cultural differences or poor teaching.

Far to many students are referred and placed in special education classes simply because they do not respond well to being taught exactly as the rest of their classes. Something more is needed for them to be successful in school. Too often it is assumed that the something extra means special education services, when instead such students are the responsibility of the regular classroom. A very high percentage of students referred to special education end up in special programs or services and inappropriate placement can be like using antibiotics to try to cure a cold - it is the wrong treatment for the cold and the side effects of the medicine can be worse than the original ailment. The side effects here include such costs as the student realizing that she/he is somehow a problem beyond common remedies, receiving a label which may permanently effect how others perceive the child, and placement in an atypical curriculum designed for those lacking certain abilities which many of these students do in fact possess.

Evidence abounds that regular education teachers initiate referrals without documenting that alternative instructional strategies have been attempted and evaluated. Moreover, there is often no evidence of the student's present level of intellectual functioning, language dominance, school attendance, or systematic observational data on the student's performance. These omissions emanate from almost uniform teacher attitudes that academic and behavioral difficulties are not related to inadequate instruction techniques but rather home and family problems and internal student problems.

Once a student is referred by a teacher, for whatever reason, the student will probably be tested and placed in special education. In one study 92% of the students referred were tested and 78% were found handicapped and declared eligible for special education (Ysseldyke, 1983). These figures reveal an almost automatic referral to placement process whereby evaluation teams function primarily to confirm the existence of problems initially observed by teachers.

It seems evident that the availability of special education as a referral system has satisfied the convenience needs of regular classroom teachers first and the educational needs of children second. Children simply are not placed in special education as a result of an initial genuine suspicion of disability. Rather, they tend to be herded into special education as a result of discretionary teacher referral practices and a rubber stamp evaluation process (Ysseldyke, Reynolds, & Weinberg, 1984; Ysseldyke, 1983; Hersh & Walker, 1983).

Therefore, it is important that only those students who meet the eligibility criteria for specific programs actually be placed in those programs. It is unfortunate that claims made by and for special education in the past have oversold it. Too many teachers and administrators then have led them to expect that all students in a regular classroom would be average and any students who were not average should be put in special education classrooms. To that I say, bunk.

BACKGROUND HISTORY

In Illinois we have a phenomenon called special education cooperatives. There are various forms of this organization ranging from legal entities to administrative districts, from being highly centralized to de-centralized. River Forest and its seven neighboring districts belonged to a cooperative called the West Suburban Association for Special Education. This organization in its early years was highly centralized and as such became an educational dynasty. The board of this organization was originally comprised of school board members from each of the districts. As one can readily understand, unless a board member has worked in the area of special education he/she usually is not equipped to handle this. As a result, the WSASE Board, then made up of board members, decided that the superintendents of the various districts should become the board. The superintendents upon assuming the responsibility of this organization did several things; 1) studied the organizational structure, 2) analyzed the cost, 3) studied the personnel, and decided that in order to become cost effective the co-op should become decen- tralized (districts operated the program) and as such was renamed Federation of Districts for Special Education. As a consequence of this action, we were able to reduce the operating cost of providing services to special education by each district assuming the operation of several programs by almost 50%. That was step number one. Next, in September of 1981, River Forest started to take a look at our own operations because of high special education costs. After a number of meetings at the administrative cabinet level, a number of conclusions were reached: 1) Inability to perform in school is considered handicapped. 2) We have built special education at the expense of regular education. There are only so many resources to go around. 3) There are teacher caused learning disabilities. 4) Many children are just immature and distractable and there is a lot of that going around. 5) In many cases the regular education curriculum may be the problem, not student learning problems.

Some considerations as to how some of this could be alleviated were also noted. 1) We should teach study skills the first two weeks of school at every grade level and every subject matter area. 2) We should consider the possibility of different levels of testing within classes and subjects for different grade levels. 3) It was thought that many problems could be overcome if we closely monitored students on homework. 4) If things are not going well for a student we should first consider changing the teacher or the classroom situation for the student. 5) We should let students pay the price for misbehavior - consequences can make an

improved situation. 6) Moving teachers up and down grade levels would help them understand what the curriculum is at the lower levels. 7) So often the problem is not the student, but the problem is that the teacher does not know how to teach the student. 8) It seems that the big difference between special education and regular education lies in these definitions. a) In regular education the system dictates the curriculum, and, b), in special ed the child dictates the curriculum.

In summary, the following conclusions were reached. 1) We should tighten up on eligibility for admission to special ed. 2) We should work harder at developing teacher assistance teams. 3) We should make it more difficult to test children. 4) We should demand documentation. 5) We should prioritize special education for real needs. 6) We should use resource room teachers for consultation. 7) We should try to get resource teachers in the regular classroom to assist the teacher with problems. 8) We should go for greater parental involvement in solving a child's learning problems. 9) We should work harder at peer tutoring. 10) The message should go out to the regular education staff, "You will do yourself out of a job if you build up special ed".

(The world remembers the good teachers, history records them. A good teacher is one who teaches all students, teaches them where they are and according to their respective needs.)

DEVELOPMENT OF THE PRE-REFERRAL PROCESS

Starting in September of 1982, using the team approach, that is all members involved in special education, the first meeting was held. As might be expected, although we had strong administrative support for this, resistance was encountered at this level. As you probably know, there are six phases of every project. It might be well to quickly review these so there is no mistaking the problems involved. (SHOW OVERHEAD SIX PHASES OF A PROJECT) After numerous meetings throughout school year 1982-83, many of the concerns were put to rest and the pre-referral process was developed. It would probably be well to mention that for years we already had in place a year-to-year testing and screening program, the screening program including 3 and 4 year olds.

PHILOSOPHY

At this point I will project the District's regular educational philosophy on the screen for you to take a quick look at it. I will now project the special education philosophy adhered to by the district and included in the District special ed handbook. Probably the most significant item is #4 in the educational philosophy, paragraph 4, which states, "Students should be educated in an environment which is as close to normal as possible, but yet which responds to their special education needs.

RESOURCE TEACHER/CONSULTANT

Probably there are two factors which contribute to the success of this program. 1) Utilizing the teacher/consultant model, and 2) preventative intervention. It is possible that these are closely inter-related. First, the teacher/consultant model is based upon the following assumptions, 1) The teacher/consultant is a highly trained and knowledgeable LD/BD resource staff member. 2) In many

situations a regular classroom teacher can help a child with learning and behavior problems. 3) In other instances, a regular classroom teacher with some assistance can help a child with learning and behavior problems. 4) Teachers can learn best by doing, that is, by actively working with a child who has a problem. 5) There is considerable knowledge and talent among the teachers themselves, and 6) teachers can resolve problems better when working together than by working alone. These six assumptions point to a teacher support system in which the focus of responsibility, decision making and communication rests with the teachers themselves.

PREVENTIVE INTERVENTION

Our schools provide a system for supporting teachers and students who are having problems before students are declared eligible for direct special education services. The goal of the system is the prevention of separation and labeling of students by focusing on methods for modifying instruction within the regular classroom. In order to accomplish this goal, the school staff and administration have make a commitment to have the program fit the student not the student fit the program. Support for teachers and students comes from such sources as guidance from the principal, resource teacher and teacher assistance team. The function of the team is to serve as an ongoing peer group problem-solving consultation source within each building. Teachers receive peer support in the form of suggestions for alternate interventions, setting realistic expectations, evaluating progress and deciding when to ask for special education services. This concept serves to increase the confidence, skill and independence of regular teachers in dealing with students with special needs.

The preventative level is probably the least developed of all the educational program alternatives. This is probably due to the fact that it involves regular education personnel working with special education personnel. In our district this is working well and the preventative level has substantially decreased the number of inappropriate referrals to special education, and provides support to regular teachers serving students with special education needs.

In summary, using this approach over the last three years has reduced the number of special education referrals and placements by almost 50% and has reduced the number of special ed teachers by 45%. In other words, utilization of the teacher/consultant model has very effectively reduced our special education costs, both in terms of services and staff, has kept more children mainstreamed, and, in our judgement, is providing a better education program for our youngsters. Whenever you can make changes that improve the services to children and at the same time reduce costs, you have made a major improvement.

Thank you for your attention and at this time I would like to turn the program over to Betty Pruitt who will walk you through this program in detail. We will both be available at the end of this session to answer questions that you may have.

* * *

DEVELOPING AND IMPLEMENTING THE PRE-REFERRAL PROCESS

Betty E. Pruitt

In developing a process to obtain the most efficient and effective delivery of special help to children, we must first identify the problems. There are many children who exhibit learning and behavioral problems which are not serious enough to warrant placement in special classes. The problems we face are these: First, many classroom teachers lack the training and confidence to manage or modify the curriculum for these students, or do not have appropriate experience to do so effectively. Second, the high cost of supportive special services clearly indicate that there will never be enough funds to employ sufficient numbers of special educators to give direct supportive service to all children who need individualized help in our schools. This means that the burden of modifying programming for many special needs children, who are not eligible for special education services, will always be placed on the regular teacher. Third, classroom teachers have no place to turn for immediate help. Special education personnel are usually so busy with their caseloads that they seldom have time to go into regular classrooms and demonstrate for teachers how to individualize instruction for a child. Fourth a teacher's day-to-day classroom problems are intensified when a child with special needs is present. The pressure of meeting the needs of the special student as well as the twenty-five other children compound the teacher's dilemma. Fifth, it has been typical for classroom teachers to refer 20% of their pupil population. Sometimes this reflects an overly concerned teacher. Or in high-achieving student populations, the low average student suffers by comparison, and the teacher sees this student as a learning problem. When these children don't qualify for special education, this sometimes creates a certain amount of teacher resentment toward special education or sometimes toward the child. Or at any rate, we have a frustrated teacher.

In response to this situation, the pre-referral process was developed to create a support system to help teachers handle learning and behavior problems in the classroom. It was decided that to be effective, this process had to: 1) Help teachers understand the nature of individual children's learning and behavior problems, 2) Provide immediate and relevant support to teachers who are trying to individualize instruction, 3) Improve followup and evaluation of mainstream efforts, 4) Increase attention to referrals at the building level, 5) Reduce the number of inappropriate referrals, 6) Utilize special education personnel more effectively. And as a result, of course, provide better services and often more appropriate educational program for children.

Teachers vary in their competencies and their need to provide for special children. In other words, one in-service for all won't answer those needs. The most needed competencies, expressed in various ways include: 1) Techniques for individualizing instruction to meet the needs of the atypical child, 2) Familiarity with the characteristics of learning disabled and behavioral disordered children and the ability to identify them, 3) Identification of resource personnel available to teachers and how to effectively utilize such resources, 4) Improved attitudes toward atypical children, 5) Adaptive evaluation methods and realistic expectations for the learning disabled or behavioral disordered children, 6) Theory and practice of behavioral modification, 7) Sometimes alternative educational materials, 8) And in some cases a better understanding of the learning process. This system was developed because it had the day-to-day capability of helping teachers cope with learning and behavior problems in the classroom.

Five assumptions are held in this process: First, in many situations a regular classroom teacher can help a child with learning and behavior problems. Second, in other instances a regular classroom teacher, with some assistance, can help a child with learning and behavior problems. Third, teachers learn best by doing, by actively working with a child who has a problem. Fourth, there is considerable knowledge and talent among the teachers themselves. Fifth, teachers can resolve many more problems when working together than by working alone. These assumptions point to a process in which the focus of responsibility, decision making, and communication rests with the teachers themselves. The pre-referral process usually begins informally with a teacher discussing with the principal the needs of a child or oftentimes her needs as a teacher. When the problem is sometimes more than an administrative concern, the teacher completes a Request for Assistance form which the teacher and the principal review. The principal sets up a team meeting of all staff who can make a contribution to the solution of the problem presented. There are no hard and fast rules as to who should or should not serve on a team. The size and membership of the team varies. For some cases, the meeting may involve two staff members; for others, possibly as many as seven. For example, if the problem seems to focus on a behavioral difficulty, staff who can provide the assistance will be invited. If the behavioral problem is one which carries over into all subjects, all teachers such as art, P.E. and music, may be included to develop a comprehensive behavioral management plan. This team becomes a peer problem-solving group. It functions as a day-to-day problem-solving unit for teachers within a particular building. Specialists are invited to participate on a team as needed. The teams may provide direct assistance or help obtain followup. The goal is to obtain more efficient and effective delivery of special help to children.

The concept appears simple and easily understood on the surface. The actual implementation of the concept necessitates a high degree of staff committment and a careful introduction to an adaptation of the operation procedures in each building. Buildings have an existing culture that has developed over time. It's my contention that the building principal is the key to successful implementation of this process; and secondly, the services of a skillful resource teacher.

Having an effective pre-referral process requires complete District support, planning, and inservice education. The administrative team must support the concept. By support, I mean not only buying into the concept as feasible, but being willing to again and again reinforce the concept and the plan with a staff who has been accustomed to old established practices. While the pre-referal program must begin with a district committment, its successful implementation lies with the principal. It's the principal who has to diplomatically explain to the experienced teacher who comes to you saying, "This child in my class just can't do anything, I want him tested."---that together we're going to try some other ideas first. It's the principal who has to explain to the parent whose child isn't achieving up to expectation that testing won't necessarily answer all the questions or solve all the problems. "Let's test him," had become the stock response to every learning problem and many behavior problems.

INSERVICE

We began with District inservice meetings for all staff which addressed the general topic of over-identification for special education. This was followed with purchased

service of an outside consultant who met with building staffs to reinforce the concept that "sending the child down the hall for 30 minutes" doesn't solve the problems. This included discussions of techniques to use with typical types of children who are often referred, such as "time out" techniques or behavior modifiers---rewards, tallying behavior, tokens, modifying assignments. Next the consultant was called in to work with teams on actual cases. She emphasized the effectiveness of the "group brain," how collectively we generate more possibilities for helping a child, we're more creative in our approaches, and often find a better solution for the child than special education. This step requires a consultant and an administrator, usually a principal, who will be continuing this plan, who can create an open climate which makes team participation comfortable enough to risk presenting alternative solutions for children which may not be the standard mode of operating. At the conclusion of the team meeting, the recorder, often the principal, writes a summary of what will be done, and by whom and the expected time duration. Each member of the team gets a copy. The team usually expects to meet again.

RESOURCE TEACHER/CONSULTANT

The fourth part of inservice, was the use of the contracted consultant to meet with the learning disability resource teachers, during released time. A series of meetings was set up to gradually present and train the resource teachers to service as part-time consultants to classroom teachers. The use of resource teachers as consultants grows gradually. First the resource teacher must have the training and feel comfortable in the role. Secondly, he or she must have personal skills to work effectively with classroom teachers---that diverse group of personalities and teaching styles we all have in every school. Third, time must be allotted in the resource schedule for the teachers to do observations, work with children in the classroom and sometimes individually on a short term basis, and to consult with teachers. For example, my resource teacher has one morning in the week and one afternoon set aside for consultant work. This is fairly sacred time and never used to schedule children on a regular basis.

Concern has been voiced about the role of the L.D. Resource Teacher/Consultant. There is the danger that they may be assigned the role of "expert". First of all, resource teachers don't want that kind of role. Secondly, classroom teachers have the ability to create unique and effective suggestions and must be allowed and encouraged to do so. Classroom teachers provide excellent diagnostic information about children, sometimes without being aware of it. A good teacher consultant not only makes use of that information, but also lets the teacher know what was useful and why.

The ideal resource teacher/consultant should have classroom experience, knowledge of the curriculum and materials, interest and ability in assessing learning and behavior problems, a supportive personality, the ability to communicate with pupils, parents and staff, and the interest and ability to help fellow teachers. Tact and finesse' are useful!

HOW THE PROCESS OPERATES

When teachers encounter difficulty, they are expected to try at least three things to help the child as best they can. Teachers can use several strategies to think through a child's problem. They can observe the child, review his or her cumulative folder, perhaps talk to the child's previous teacher, and assess the child's strengths and weaknesses by describing what the child does and does not do. Once the areas are

identified, the teacher selects procedures and tries them. The teacher will then have a clearer idea of the problem and the objective expected from a request for assistance, should the procedure fail to help the child.

REQUEST FOR ASSISTANCE

The Request for Assistance form is then completed with the principal. The form consists of the following parts: 1) a brief description of the problem, 2) three educational alternatives which have been tried for the purpose of solving the problem, 3) behaviors to be observed by someone other than the classroom teacher, 4) best day and time to meet, 5) who the child is presently seeing, if anyone, 6) if the parents have been informed of the problem, 7) additional comments, 8) and at the top, the teacher and principal decide who should be included in the meeting. (see form) The decision is based on the nature of the problem.

The principal's or coordinator's first responsibility is to help the team members prepare for the meeting. First, the Request for Assistance form is reviewed to insure that it includes necessary information. Next, a team member is assigned to observe the child in the class. In my school it is most often the resource teacher and/or the school social worker who observes the child. Each team member, is asked to read the request form, identify problem areas, study their interrelationships, and prepare for the meeting. A meeting time is arranged and members informed. It's not necessary for everyone to work with the child or observe the child in the classroom before the first meeting. It is very useful, however, if at least one other person besides the classroom teacher is familiar with the child. This validates the teacher's concern and gives him or her a knowledgeable ally with first-hand information in the team meeting. Contacts with the child may be made after the initial meeting, as well, depending on the nature of the problem and the plan developed by the group. The principal or coordinator can also facilitate the meeting by reviewing as much information as possible before the meeting,---this doesn't require a great amount of work,--- then try to conceptualize the child's problem and identify the relationship between the child's behaviors and problem areas in order to reduce the amount of verbal input at the meeting. Prior preparation helps avoid the need for oral reviews, summaries, and recitations,---although a certain amount of this is necessary---, and allows the team members to spend most of their time in problem solving.

To ensure efficient use of time there are three major functions to be carried out during the problem solving meeting. First is orienting the team. The principal/team coordinator should first review the reasons why the referring teacher requested the meeting; next, summarize the child's problems using the prepared summary and analysis, and make sure that everyone has a common understanding of the child's problems. Secondly, the objectives should be established. The coordinator sets the expectations for the meeting by asking the referring teacher to state in question form the need for assistance If the initial request is so massive that it is unrealistic for one session, the coordinator should ask the teacher which part of the problem he would like the team to accomplish during this particular meeting. Sometimes a teacher is so frustrated or distraught over a situation that he can't identify or clarify the problem. Team members and the coordinator often have to help the teacher identify exactly what he hopes to have happen. If the teacher can't focus on a single problem the coordinator asks the teacher what he wants the team to address first, usually what he feels is of first priority. Even then, sometimes the problem has to be narrowed.

The objectives the team might address at this meeting include: a) generating procedures for teaching the child in the classroom, b) planning how to obtain more information about a child---through observation or assessment, c) establishing reinforcement schedules and procedure, d) developing a method for evaluating progress, e) referring children to special education services, f) recommending retention, g) generating agreements between teachers, parents and/or children, and h) fixing responsibility for followup action. The coordinator will often establish short-range objectives for a team meeting, as well as the long-range goal of helping the child.

The coordinator should modify the way in which each meeting is conducted by determining the most effective method for achieving the objectives set for the meeting. In some meetings it may be desirable to have staff members simply describe their observations. Other meetings may be devoted to generating alternatives. A brainstorming technique in which members contribute ideas can be very successful. Team members must learn how to participate effectively on a team, remain on task, speak succinctly, and assist in moving the team toward the achivement of each meeting's objective. Participation on the team is the method by which the referring teachers and team members learn from each other.

The coordinator helps lead the team's problem-solving efforts by stating each topic to be discussed, establishing time limits, helping group members speak to the point (sometimes a difficult task), summarizing relevant contributions, and being alert to group and individual needs and helping each member contribute.

RECORDING DECISIONS

During the team meeting, one member often the coordinator, acts as a recorder. (see form) This form is used for all team meetings, the first meeting giving a teacher assistance, all the way through a case, including those which end up with a special ed referral. The usual student data and participants are listed. The coordinator summarizes the problem under the heading, Educational Concern. At the end of the meeting, he records the plan of action, who will be responsible for each activity and an estimated date of completion. Each person involved in the meeting gets a copy. This written record is brief and easy to complete at the meeting. It summarizes the decisions made at the meeting, and serves as a reference for followup meetings or activities. I've seen more elaborate forms which list objectives and specific procedures. However, in my experience that doesn't seem necessary for the team meeting. If a teacher has a plan to implement that takes more detailed work, that happens after the team meeting. If the teacher needs help with the plan, someone from the team will work with her to work out the details---most often this is the resource consultant.

Sometimes the team isn't able to make recommendations at the end of the meeting. In those cases, the activity specified on the form will include collecting more data through observations, sometimes a team member will work with the child, generating formal or informal evaluation data.

The planned action is carried out by the assigned persons. Followup meetings are held as needed. If the team was to gather more data, part of the recorded plan would include the followup meeting. If the team made a recommendation and everything seemed to be working, a followup meeting might not be necessary. Or the classroom teacher may

initiate another meeting. In my school, the resource teacher/consultant usually monitors the plan. When recommendations are not working, the followup gives the team and teacher another chance to problem solve. When the recommendations are working, everyone is reinforced for their effort, motivated in their belief in the team process. In the event the team decides that the child is not progressing and the problem cannot be handled in the classroom, a referral may be made for a special education case study.

We found when we first started the pre-referral Request for Assistance, some teachers were quicker to respond than others. The less secure teacher wasn't as comfortable having others observe in the classroom or participating on the team. Over time with a fairly stable staff, a trust level was built up; they heard about other successes and were willing to try the process.

Our experience has taught us that you can't devise and recommend a plan that a teacher isn't fairly comfortable with. The plan must be one the teacher finds workable. And sometimes that's a problem. At one point we found ourselves with a very frustrated and upset teacher because she was trying to follow through on a behavioral plan that she just couldn't handle. We made some modification. What we've found, is that we put problematic children in the classrooms of teachers who are best able to adapt their programs and plans, and work with a team. From time to time we get concerned about burning out teachers always giving them the most difficult problems. But the best environment for the child dominates the decision.

EVALUATING EFFECTIVNESS

Evaluating the effectiveness of the pre-referral process is done both objectively and subjectively. Our special education case load has gone down, and has remained down. There are fewer referrals for special education case studies. Most of our plans developed through assistance teams have been successful. As we have more and more experience, teachers are trying techniques learned through previous requests and sometimes work out a solution for themselves. Therefore, it seems that the request for assistance comes for the more difficult cases or at the kindergarten level; and more of these are now going on to a case study referral. I'm not saying we are having more special education referrals; I'm saying we seem to be having fewer requests for assistance now since teachers are learning to work with the less severe problems having had previous assistance. Therefore, I conclude that the system is effective. I would also maintain that it is the principal's responsibility to see that teachers do not slide back into old habits and that new staff members are oriented to the process. The resource teacher's case load should be monitored to see that classroom teachers are not taking advantage of her assistance by having her remove children who should be helped in the classroom.

In concluding, the advantages of the pre-referral process include the benefits of team problem-solving, arriving at the best solution for a child's problem---we're still proving that several heads are better than one. In addition, the skills and ideas that apply to one child affect the teacher's instructional style in dealing with all students. The team is a facilitating group who are also supportive of one another. The successes are motivational to us all. We have all come away from a team meeting, feeling rewarded in our collective work.

Complete this section with your Building Principal.

_____ LD Teacher

_____ Chapter I Teacher (Reading/Math)

_____ Speech/Language Teacher

_____ Psychologist - (Only W & Fr)

_____ Social Worker(s)

REQUEST FOR ASSISTANCE FORM

Date: _____ Teacher: _____

School: _____ Birthdate: _____

Grade/Subject: _____

Child's Name: _____ Age: _____

Give Brief Description of Problem(s) _____

_____

_____

_____

List three educational alternatives which have been tried for the purpose of solving this problem: _____

_____

_____

_____

Behaviors to be observed: _____

_____

_____

Best Day & Time to Meet: _____

Is Presently Seeing: _____ Social Worker _____ LD Teacher _____ Chapter I Teacher _____ Speech/Language Teacher

Have you talked to the parents? YES _____ NO _____

Comments: _____

_____

cc: Pupil Personnel Team Involved
student file; teacher/referral person

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7776 Lake Street
River Forest, Illinois
60305
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PUPIL PERSONNEL TEAM MEETING REPORT

MEETING DATE _____

STUDENT _____ BIRTHDATE _____

PARENT(S) _____ ADDRESS _____ TELEPHONE _____

PARTICIPANTS (Name and Title):

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

EDUCATIONAL CONCERN:

_____

_____

_____

_____

PLAN OF ACTION:

ACTIVITY	PERSON(S)	EST. DATE OF COMPLE.

_____
Recorder

_____
Date

cc: Pupil Personnel Team Members Involved
Teacher/referral person

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THE PRE-REFERRAL PROCESS

Following are procedures for pre-referral:

1) the teacher or parent will express a concern about a child's progress to the principal,

2) the teacher will review the cumulative record of the child giving attention to scholastic aptitude, past achievement test scores, past teacher progress reports, and other materials,

3) after one month or more of teaching the student, if there appears to still be a learning problem, the teacher will prepare for a meeting with an assistance team in the following ways:

   a. discussion of the student's difficulty with the building principal,

   b. collect work samples of the student,

   c. document three educational alternatives attempted in the classroom,

   d. complete with the principal the Request for Assistance Form indicating specifically a description of the problem, determine who will attend the meeting, and if another staff member should observe the child.

   e. inform the parents that the student continues to experience learning problems and that the teacher plans to seek advice from school personnel.

4) the principal organizes a meeting of the Assistance Team and the teacher. A screening checklist may be completed at that meeting. The Request for Assistance Form is reviewed, collected work samples are reviewed, and the teacher discusses the results of the alternatives attempted in the classroom. The team will provide suggestions and decide whether an observation by the learning disabilities resource teacher or social worker is appropriate, or if a series of individual diagnostic teaching sessions should be completed.

5) if appropriate, the learning disabilities resource teacher/consultant observes the student in the classroom and makes suggestions to the teacher that will be tried during the next four weeks. The learning disabilities resource teacher will be available to the classroom teacher for consultation.

6) after a month, the classroom teacher and the learning disabilities resource teacher will report the student's progress to members of the team at a meeting convened by the principal. The team will make one of the following recommendations:

   a. classroom adjustments have been successful. The learning disability resource teacher consultation will cease,

   b. because of the student's particular needs and teaching/learning style considerations, other adjustments should be attempted,

   c. a special education referral will be completed, parent permission will be obtained and a case study evaluation initiated.